NCAS OPERATOR RESTRICTION FORM

OF	PERATOR N	NAME: _				OSC FORM SECUZ OPERATOR ID #:		
۸۵	AGENCY: AGENCY #:					#: REGION:		
DATE:/				AOLINOT #.	PROFILE ADD			
FOR ADDITIONAL SELECTIVE SECURITY RESTRICTIONS, COMPANY/ACCOUNT/CENTER COMBINATIONS MUST BE INDICATED. BECAUSE AN OPERATOR IS LIMITED TO FORTY-FIVE (45) COMBINATIONS, <u>IDENTIFY RANGES WHENEVER POSSIBLE</u> . IF SELECTING ADD, CHANGE, OR DELETE, COMPLETE A SEPARATE OSC SEC02 FORM FOR <u>EACH</u> TYPE OF RESTRICTION. IF FC AND GL REQUIRE DIFFERENT SECURITY RESTRICTIONS, COMPLETE A SEPARATE FORM FOR <u>EACH</u> APPLICATION.								
	ACCESS	COMF	PANY	ACC	ACCOUNT		CENTER	
	Y/N	FROM	TO	FROM	ТО	FROM	TO	
					CUREMENT CARD			
ŀ	ACCESS Y/N	AGE FROM	NCY TO	FROM	ATION TO	CARD NUMBER (las	st 4 digits) TO	
	1/N			FROW		FROW	10	
	The security request above complies with my agency's internal controls (separation of duties), and policies to prevent security abuses. The operator above has also been given a copy of the OSC personal information disclaimer statement and agrees to comply. REQUESTED BY: (Agency Security Administrator's Signature) OSC USE ONLY							
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